

ARIZONA STATE BOARD OF HEALTH				State File No. _____	
BUREAU OF VITAL STATISTICS				Registered No. _____	
STANDARD CERTIFICATE OF BIRTH					
1. PLACE OF BIRTH		County <u>Graham</u>		State <u>ARIZONA</u>	
		Township _____		or Village _____	
		City <u>Pima</u>		No. _____ St. _____ Ward _____	
2. Full name of child <u>CLUFF</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)					
3. Sex <u>M</u>		4. Twin, triplet, or other _____		5. Number, in order of birth _____	
6. Premature _____		7. Married? <u>yes</u>		8. Date of birth <u>Dec. 11, 1903</u>	
		Full term _____		(Month, day, year) 19__	
9. Full name <u>FATHER</u> <u>Cluff, Moses Alfred</u>			18. Full maiden name <u>MOTHER</u> <u>Louisa Lauretta Johnson</u>		
10. Residence (usual place of abode) (If non-resident, give place and State)			19. Residence (usual place of abode) (If non-resident, give place and State)		
11. Color or race <u>Cau</u>		12. Age at last birthday <u>42</u> (Years)			
13. Birthplace (city or place) (State or country) <u>Utah</u>		22. Birthplace (city or place) (State or country) <u>Utah</u>			
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
	16. Date (month and year) last engaged in this work _____, 19__		17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____, 19__
		26. Total time (years) spent in this work _____			
27. Number of children of this mother <u>(9th)</u> (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____					
28. If stillborn, period of gestation _____ (months or weeks)		29. Cause of stillbirth _____			
		Before labor _____ During labor _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>(born alive)</u> at _____ m. on the date above stated (Born alive or stillborn)					
When there was no attending physician or midwife, then the father, householder, etc., should make this return.					
Given name added from supplemental report _____ (Date of) _____			(Signed) <u>Root</u> _____, M. D.		
			or _____, Midwife		
			Address _____		
			Filed <u>Dec. 26,</u> _____, 19 <u>03</u> <u>R.R. Root</u>		
			Registrar _____		